

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Clinical Laboratory Association PAC (ACLA PAC)

A.

Full Name (Last, First, Middle Initial)

The Richard Burr Committee

Mailing Address PO Box 5928

City  
Winston Salem

State  
NC

Zip Code  
27113-5928

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
RICHARD M BURR

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: 90706.E92

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Friends of Lois Capps

Mailing Address 38 Ivy Street SE

City  
Washington

State  
DC

Zip Code  
20003-4006

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
LOIS G CAPPS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 90706.E98

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Friends of Rosa DeLauro

Mailing Address 12 Trumbull Street  
Second Floor

City  
New Haven

State  
CT

Zip Code  
06511-6311

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
ROSA DELAURO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: 90320.E90

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....